## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>08-30-2008</u>	Address:	08/3 8 3K A
Case #:	<u>22-43518</u>		<u>LaGrange</u> , <u>IN</u>
County:	<u>LaGrange</u>		<u>46761</u>
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
	onal Lab :al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  [Z] Lithium/Ammonia Reaction(s): vehicle			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: vehicle			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
☐ Corrosive Base: <u>vehicle</u>			
Other (item and location):			
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present)  eport to Child Protective Services	Ephedrir	re Information ne/Pseudoephedrine Tracking Log lerchant Tip
This report is to be faxed to the following agencies that serve the location:			
Health Dep	tment: LaGrange City FD partment: LaGrange County HD ection Service:	Fax: <u>(260)</u> Fax: <u>(260)</u> Fax:	463-4189
For further information regarding this methamphetamine laboratory, contact.  Investigating Officer: Maggie Shortt. Phone (574)234-4157			

This form is to be faxed to the Fire Department, flealth Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case life, and a copy sent to the Claudestine Laboratory Team Leader for retention.